



HFMD Symposium Registration Form

Eagan Community Center
1501 Central Parkway | Eagan, MN 55121

Saturday, November 18th, 2023

10:00 a.m. to 3:00 p.m.

Check-in opens at 9:30

Contact Name:
Address:
Phone:
Email:

Please complete the following for each additional family member attending the event.

First Name	Last Name	Age <small>(Under 18 only)</small>	Attending Child Program <small>(Ages 0-11)</small>	Attending Teen Program <small>(Ages 12-17)</small>	Type of Bleeding Disorder

_____ I request mileage reimbursement. Maximum reimbursement \$75.
(available for those living over 150 miles from the event.)

Space is limited so get your registration form in soon.

Send completed form to HFMD by one of the following methods:

EMAIL:
info@hfmd.org

MAIL:
750 S. Plaza Drive, Ste 207,
Mendota Heights, MN 55120

FAX:
651-406-8656